

# MassDEP Dental Amalgam / Mercury Recycling Certification Program

## Filing Your Certification Form

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### Before You Start, You Must Know:

- The make and model amalgam separator unit that your facility has installed and is operating
- The number of dental chairs served by these units
- Who (individual or company) services and maintains these units
- Who (individual or company) manages and recycles mercury-containing waste generated at your dental facility
- What company transports or ships your waste mercury amalgam
- Where the mercury-containing waste generated at this practice is sent for recycling (If you do not identify a bona fide mercury waste amalgam recycler, your dental facility will not be in compliance. If you do not know whom the name of your recycler, the company that transports your waste amalgam should be able to provide this information. DO NOT identify a waste transporter or manager in Section E, Question 5, of the form.)
- Whether the facility discharges its wastewater to a sewer or a septic system
- The types of treatments or cleaners used to flush your system lines

### Complete Your Certification Form

- Answer all questions in Sections A through I
- Answer the relevant questions in Section J (Return to Compliance) if directed to do so as you complete Sections A through I

#### Notes:

- **Section E, Question 5** requires you to identify the facility that recycles your mercury amalgam waste. If you do not identify a bona fide mercury waste amalgam recycler, your dental facility will not be in compliance. If you do not know the name of your recycler, the company that transports your waste amalgam should be able to provide this information. DO NOT identify a waste transporter or manager.

**Section I, Field a**, requires a "Signature of Individual Making Certification." The "responsible official" for the dental facility or practice – the owner/operator or a legally designated representative – must sign and date the certification form. See the table on the next page for definitions.

Ownership of the Dental Facility or Practice	Certification Form Must be Signed by
Corporation	The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function (who has been authorized by a corporate vote), or a representative who has been duly authorized by a corporate vote (the representative must be responsible for the overall operation of the facility)
Partnership or sole proprietorship	A general partner with the authority to bind the partnership or the proprietor
Municipality, state, federal or other public agency	A principal executive officer or ranking elected official who is empowered to enter into contractors on behalf of the municipality or public agency

### Submit Your Certification Form

Mail your completed certification form to:

Business Reporting and Fiscal Operations Division  
MassDEP Bureau of Waste Prevention  
One Winter Street  
Boston, MA 02108  
Attention: Steve White

### For More Information

- For assistance in completing an online certification, contact Steve White of MassDEP (617-574-6888 or [steve.white@state.ma.us](mailto:steve.white@state.ma.us)).
- For information about wastewater treatment and/or waste amalgam collection and recycling, contact John Reinhardt of MassDEP (617-292-5667 or [John.Reinhardt@state.ma.us](mailto:John.Reinhardt@state.ma.us))



**Massachusetts Department of Environmental Protection**  
Bureau of Waste Prevention  
Dental Amalgam / Mercury Recycling Program  
**Certification Form for Massachusetts Dental Facilities**

Facility ID Number \_\_\_\_\_

**DEP Use Only**

Date Rec'd \_\_\_\_\_

CH# \_\_\_\_\_

FE \_\_\_\_\_

PCA \_\_\_\_\_

**A. Dental Facility Identification and Information**

1. Dental Facility Name \_\_\_\_\_

2a. Facility Address 1 \_\_\_\_\_

2b. Facility Address 2 \_\_\_\_\_

2c. City/Town \_\_\_\_\_

2d. State \_\_\_\_\_

2e. Zip Code \_\_\_\_\_

3a. ☐ Mailing Address is the same as facility address

3b. Mailing Address 1 \_\_\_\_\_

3c. Mailing Address 2 \_\_\_\_\_

3d. City/Town \_\_\_\_\_

3e. State \_\_\_\_\_

3f. Zip Code \_\_\_\_\_

4a. Phone Number \_\_\_\_\_

4b. Fax Number \_\_\_\_\_

5. Employer Identification Number – EIN/TIN \_\_\_\_\_

6a. Contact Person First Name \_\_\_\_\_

6b. Contact Person Last Name \_\_\_\_\_

6c. Contact Person Email \_\_\_\_\_

**Important:**

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



**B. Dental Operations Information**

1. Does your facility generate or discharge wastewater from amalgam-related processes? ☐ Yes ☐ No\*

**\*If your answer is "no," complete 2 below, then go directly to Section I and complete your certification. No fee will be required. Otherwise, continue with 3 below.**

2. This facility does not generate or discharge wastewater from amalgam-related processes because the dental practice at this facility:

a. ☐ Is limited to oral and/or maxillofacial surgery, orthodontics, or periodontics.

b. ☐ Does not otherwise place or remove amalgam.

3. Number of dentists at this facility. Include only general dentists, endodontists, pediatric dentists, and prosthodontists. Do not include oral surgeons, periodontists, or orthodontists.

Number of Dentists \_\_\_\_\_

4. Number of dental chairs at this facility using amalgam separator(s). Do not include dental hygiene chairs that never involve amalgam use or removal.

Number of Chairs \_\_\_\_\_

5. Is this facility connected to a *public* sewer?

☐ Yes ☐ No

- 6a. If this is your first certification: Did this facility start operations on or after April 24, 2006?

☐ Yes\* ☐ No

- 6b. \*If your answer to 6a above is "yes," indicate the date the facility started operations.

Date (mm/dd/yyyy) \_\_\_\_\_

**Note:** If you certified before April 24, 2006, please skip questions 6a and 6b, and proceed to question 7.



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**Note:** "Expand" means increase wastewater flow beyond the capacity of the existing certified amalgam separator(s).

### B. Dental Operations Information (continued)

7. Did this facility expand operations either since you last filed a certification with MassDEP or since April 24, 2006? ☐ Yes ☐ No

### C. Amalgam Separator System Installation

1. This facility has installed amalgam separator system(s) to serve all of its relevant dental chair(s) and cuspidors according to manufacturer specifications. ☐ Yes ☐ No\*  
**\*If your answer is "no," do not file this certification until your facility has installed amalgam separator(s) for all of its relevant dental chair(s).**
2. The amalgam separator system(s) installed at this facility are appropriately sized for the number of dental chairs served and expected flow rates at this location. ☐ Yes ☐ No\*  
**\*If your answer is "no," answer Questions 1 and 2 in Section J Return to Compliance.**

**Note:** Amalgam separators must be installed at all dental facilities commencing operations on or after April 3, 2006.

3. Manufacturer, model number(s) and installation date(s) of amalgam separator system(s) at this facility.

a. Manufacturer & Model # \_\_\_\_\_

b. Installation Date (mm/dd/yyyy) \_\_\_\_\_

c. Manufacturer & Model # \_\_\_\_\_

d. Installation Date (mm/dd/yyyy) \_\_\_\_\_

e. Manufacturer & Model # \_\_\_\_\_

f. Installation Date (mm/dd/yyyy) \_\_\_\_\_

g. Manufacturer & Model # \_\_\_\_\_

h. Installation Date (mm/dd/yyyy) \_\_\_\_\_

i. ☐ Other \_\_\_\_\_

j. Manufacturer \_\_\_\_\_

k. Model # \_\_\_\_\_

l. Installation Date (mm/dd/yyyy) \_\_\_\_\_

4. Mercury removal efficiency. Check one:
- a. ☐ The manufacturer has demonstrated in accordance with the ISO 11143 Protocol, through testing conducted by a professional laboratory facility, that the separator system(s) installed at this facility function(s) with at least 98 percent mercury amalgam removal efficiency.
- b. ☐ My separator system(s) was/were certified under the Voluntary Dental Amalgam Mercury Recycling Certification Program and continue(s) to function with at least 95 percent removal efficiency.

### D. Amalgam Separator System Maintenance

1. Does this facility properly operate and maintain the amalgam separator system(s) according to manufacturer specifications, including necessary cleanings, cartridge changes, and other required service? ☐ Yes ☐ No\*  
**If your answer is "no," answer Questions 3 and 4 of Section J Return to Compliance.**
2. Does this facility store all of the amalgam waste it generates in containers that are sealed and structurally sound? ☐ Yes ☐ No\*  
**If your answer is "no," answer Questions 5, 6 and 7 of Section J Return to Compliance.**



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### D. Amalgam Separator System Maintenance (continued)

3. Who operates and maintains the amalgam separator system(s) at this facility? Check one:

a. ☐ Staff at this facility. **Skip to Question 4.** b. ☐ A service provider. **Supply information below.**

c. eDEP online drop menu (paper filers enter manually)

☐ d. Other Service Provider

e. Service Provider Name

f. Phone Number

g. Mailing Address 1

h. Mailing Address 2

i. City/Town

j. State

k. Zip Code

4. Does this facility have at least one staff person who is familiar with the procedures to follow to ensure compliance with the amalgam separator requirements and operational standards referred to in this certification? ☐ Yes ☐ No\*  
**\*If your answer is "no," answer Questions 8 and 9 of Section J Return to Compliance.**

5. Are all staff who manage amalgam waste at this facility informed of proper amalgam separator operation and maintenance procedures and standards? ☐ Yes ☐ No\*  
**\*If your answer is "no," answer Questions 10 and 11 of Section J Return to Compliance.**

### E. Recycling of Amalgam Waste Containing Mercury

1. This facility recycles, and will continue to recycle, all amalgam waste containing mercury generated at this location, including amalgam from:

a. Separator(s). ☐ Yes ☐ No\*

b. Screens, traps, or filters. ☐ Yes ☐ No\*

c. Surplus not used in dental procedures. ☐ Yes ☐ No\*

**\*If your answer to any of these is "no," answer Questions 12 through 15 of Section J Return to Compliance.**

2. This facility prevents disposal of amalgam waste containing mercury in the trash, "red bag" waste, and wastewater. ☐ Yes ☐ No\*  
**\*If your answer to this question is "no," answer Questions 12 through 15 of Section J Return to Compliance.**

3. Are shipments from this facility identified as amalgam waste containing mercury? ☐ Yes ☐ No\*  
**\*If your answer is "no," answer Question 16 of Section J Return to Compliance.**

4. Amalgam waste generated at this facility is transported/shipped by:

a. eDEP online drop menu (paper filers enter manually)

☐ b. Other Transporter/Shipper

c. Transporter/Shipper Name

d. Transporter/Shipper Phone Number

**eDEP online filers:** If you choose a company from the drop menu, the address and phone number will appear automatically when you click Save.



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### E. Recycling of Amalgam Waste Containing Mercury (continued)

5. Amalgam waste generated at this facility is sent to the following receiving facility:

**eDEP online filers:** If you choose a company from the drop menu, the address and phone number will appear automatically when you click Save.

a. eDEP online drop menu (paper filers enter manually)

☐ b. Other Receiving Facility

c. Receiving Facility Name

d. Phone Number

e. Mailing Address 1

f. Mailing Address 2

g. City/Town

h. State

i. Zip Code

**Note:** Oxidizing and low-pH line cleaners can damage plumbing, mobilize mercury residue in pipes and traps, and result in federal or state discharge limit violations.

### F. Flushing/Cleaning Vacuum System Lines

1. Does this facility use, and will it continue to use, only non-oxidizing treatments or cleaners with pH between 6.5 and 9.0 when maintaining (e.g., flushing or cleaning) vacuum system lines?

☐ Yes ☐ No\*

**\*If your answer is "no," answer Questions 17 through 19 of Section J Return to Compliance.**

### G. Records Retention

1. Does this facility retain records supporting this certification for at least five years? These records must document compliance with manufacturer-recommended operation and maintenance of installed amalgam separator system(s) and proper recycling of amalgam waste.

☐ Yes ☐ No\*

**If your answer is "no," answer Questions 20 and 21 of Section J Return to Compliance.**

### H. Comments

Provide any additional relevant information:

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**Note:** You must complete all applicable parts of Section I Return to Compliance before signing this document.

### I. Certification Statement

"I attest under the pains and penalties of perjury that:

- (i) I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- (ii) Based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete;
- (iii) Systems and procedures to maintain compliance with 310 CMR 73.00 are in place at the facility and will be maintained for the coming year even if processes or operating procedures are changed over the course of the year; and
- (iv) I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information."

\_\_\_\_\_  
a. Signature

\_\_\_\_\_  
b. Print First Name

\_\_\_\_\_  
c. Print Last Name

\_\_\_\_\_  
d. Title

\_\_\_\_\_  
e. Date of Certification (MM/DD/YYYY)

f. Source of Signatory Authority:

If a Corporation:

1. ☐ President

2. ☐ Secretary

3. ☐ Treasurer

4. ☐ Vice President (if authorized by corporate vote)

5. ☐ Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility)

If a Partnership:

6. ☐ General Partner

If a Sole Proprietorship:

7. ☐ Proprietor



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## J. Return to Compliance

### Appropriate Sizing of Amalgam Separator System(s)

Response required if your answer was "no" to Question 2 in Section C

1. What is your plan for adding an amalgam separator or installing one of greater capacity?

\_\_\_\_\_

2. When do you plan to install appropriately sized units?

\_\_\_\_\_

### Manufacturer Specifications

Response required if your answer was "no" to Question 1 in Section D

**You have indicated that you do not operate and maintain your amalgam separator(s) according to manufacturer specifications. Contact the manufacturer to see if you have done irreparable damage to the unit(s). If you have, you will need to replace the unit(s) and then adhere to manufacturer specifications for operation and maintenance.**

3. What is your plan to return your amalgam separator(s) to serviceable condition or replace the unit(s)?

\_\_\_\_\_

4. When will you have fully operational amalgam separator(s) and comply with manufacturer operation and maintenance specifications?

\_\_\_\_\_

### Container Storage

Response required if your answer was "no" to Question 2 in Section D

**To be considered in compliance with the applicable requirements, you must store all amalgam waste generated at your facility in containers that are sealed and structurally sound.**

5. Where have you been storing your amalgam waste?

\_\_\_\_\_

6. How long have you stored your amalgam waste in this manner?

\_\_\_\_\_

7. When will you be able to transfer your amalgam waste to containers that are sealed and structurally sound?

\_\_\_\_\_





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### J. Return to Compliance (continued)

#### Responsible Employee

Response required if your answer was "no" to Question 4 in Section D

**To be considered in compliance with the applicable requirements, there must be a person at your facility who is familiar with amalgam separator operation and maintenance specifications and standards.**

8. How long have you not had a staff person familiar with amalgam separator operation and maintenance specifications and standards?

\_\_\_\_\_

9. When will you have a staff person familiar with amalgam separator operation and maintenance specifications and standards?

\_\_\_\_\_

#### Employee Training

Response required if your answer was "no" to Question 5 in Section D

**To be considered in compliance with the applicable requirements, you must retain records that demonstrate compliance.**

10. How long have staff members responsible for managing mercury amalgam not been informed of proper procedures?

\_\_\_\_\_

11. When will all staff members responsible for managing mercury amalgam be informed of proper procedures?

\_\_\_\_\_

#### Amalgam Recycling

Response required if your answer was "no" to any part of Question 1, or to Question 2, in Section E

12. Where do you currently send amalgam waste for management? Provide name and address.

\_\_\_\_\_

13. How long have you used this management method?

\_\_\_\_\_

14. When will you be able to comply with the recycling requirement?

\_\_\_\_\_

15. Where will you recycle your amalgam waste?

\_\_\_\_\_



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### J. Return to Compliance (continued)

#### Identifying Shipments

Response required if your answer was "no" to Question 3 in Section E

**To be considered in compliance with the applicable requirements, you must identify shipments as including amalgam waste containing mercury.**

16. How will you identify shipments as including amalgam waste containing mercury?

\_\_\_\_\_

#### Flushing/Cleaning Vacuum System Lines and Drains

Response required if your answer was "no" to Question 1 in Section F

**You have indicated that you do not use non-oxidizing treatments or cleaners with pH between 6.5 and 9.0 when maintaining vacuum system lines or any drains connected to your amalgam separator(s).**

17. How long have you been using inappropriate cleaning agents?

\_\_\_\_\_

**You must use non-oxidizing treatments or cleaners with pH between 6.5 and 9.0 when maintaining vacuum system lines or any drains connected to your amalgam separator(s) to successfully certify.**

18. What non-oxidizing treatments or cleaners with pH between 6.5 and 9.0 will you use to maintain your amalgam separator vacuum lines?

\_\_\_\_\_

19. When will you begin using these treatments or cleaning agents?

\_\_\_\_\_

#### Records Retention

Response required if your answer was "no" to Question 1 in Section G

**To be considered in compliance with the applicable requirements, you must retain records that document compliance with manufacturer recommended operation and maintenance of installed amalgam separator system(s); proper recycling of amalgam waste; and supporting information the facility relied on to file this certification for at least five years.**

20. How long has this facility been in operation?

\_\_\_\_\_

21. When will you begin retaining records of where amalgam waste generated at this facility is recycled?

\_\_\_\_\_